



Docket No.: PF-0066-2 DIV

Response Under 37 C.F.R. 1.116 - Expedited Procedure  
Examining Group 1642

Certificate of Mailing

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: BOX AF, Commissioner for Patents, Washington, D.C. 20231 on March 20, 2003.

By: [Signature]

Printed: Katherine Stofer

LYZA FINULLIAR

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Application of: Janice Au-Young

Title: HUMAN STEM CELL ANTIGENS

Serial No.: 09/225,080

Filing Date:

January 04, 1999

Examiner: Canella, K.

Group Art Unit:

1642

**BOX AF**

Commissioner for Patents

Washington, D.C. 20231

**RESPONSE TO FINAL OFFICE ACTION**

Sir:

*Ok to enter - KAC*

In response to the Final Office Action dated **January 29, 2003** (Final Office Action)  
Applicants request reconsideration of the above-referenced patent application in view of the following  
amendments and remarks.

**IN THE CLAIMS**

Please amend claim 39 as follows.

**For the Examiner's convenience, all pending claims are listed below. Attached hereto is a marked-up version of the changes made to the claims by the current amendment. The attached page is captioned "Version with markings to show changes made."**

TECH CENTER 1600/2900

MAR 27 2003

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AF/1642

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## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **Janice Au-Young**Title: **HUMAN STEM CELL ANTIGENS**Serial No.: **09/225,080**Filing Date: **January 04, 1999**Examiner: **Canella, K.**Group Art Unit: **1642****BOX AF**Commissioner for Patents  
Washington, D.C. 20231**RECEIVED****MAR 27 2003****TRANSMITTAL FEE SHEET**

Sir:

Transmitted herewith are the following for the above-identified application:

1. Return Receipt Postcard; and
2. Response to Final Office Action (16 pp.).

**TECH CENTER 1600/2900**

The fee has been calculated as shown below.

Claims	Claims After Amendment	-	Claims Previously Paid For	=	Present Extra	Other Than Small Entity Rate	Fee	Additional Fee(s)
Total	26	-	26	=		x\$18.00		\$ 0
Indept.	4	-	4	=		x\$84.00		\$ 0
First Presentation of Multiple Dependent Claims:						+280.00		\$ 0
Total Fee:								\$ 0

☒ No additional Fee is required.The Commissioner is hereby authorized to charge any additional fees required under 37 CFR 1.16 and 1.17, or credit overpayment to Deposit Account No. 09-0108. **A duplicate copy of this sheet is enclosed.**

Respectfully submitted,

INCYTE CORPORATION

Date: March 20, 2003[Signature]

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